For Department Use only							
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Columbus Recreation and Parks
Therapeutic Recreation
Summer of Fun and Adventure Day Camp 2006
Registration Form

Please complete this form as thoroughly as possible and return it with **payment** and/or request for PLAY application to: **Therapeutic Recreation, Columbus Recreation and Parks Dept., 420 W. Whittier St., Columbus, OH 43215.** Registration begins March 13, 2006

One for each camper must be on file for camper to participate in camp

I. Camper Information

Cell Phone:_____
Camper First Name:_____Last Name:_____ Home Phone:_____
Parent/Guardian:_____ Work Phone:_____
Address:_____City:_____Zip Code:_____
Male:__ Female:___Date of Birth: _____ Age:_____ Current Grade:___ **School ID #**_____
Email Address:_____

II. Emergency Contact Information

Name:_____ Name:_____
Address:_____ Address:_____
Day Phone:_____ Day Phone:_____
Relationship:_____ Relationship:_____

III. Camp and Session(s) Attending (please Check (√) the camp and sessions you wish to attend) Please check early drop and/or late pick up if you are using this service

Camp	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Total Cost
	June 19-June 23	June 26-June 30	July 5-July 7	July 10-July 14	July 17-July 21	July 24-July 28	July 31-Aug 4	Aug 7-Aug 11	
Schiller Cost $69			[redacted]						
Early Drop off $10.00									
Late Pick Up $20.00									
Franklin Park Cost $69 Cost $55 for Week 3			**Multi Sport Camp**						

Please indicate payment method: Cash/Check _____ P.L.A.Y. _____ 3rd Party payer Agency Name

IV. Medical Information

Physician and/or Clinic: Name:_____
Phone Number:_____
Dentist and/or Dental Clinic: Name:_____
Phone Number:_____

Please circle all that apply to participant:

Allergies (see below) Ear Tubes Scoliosis
Arthritis Glasses Seizures

OVER → → →

Atlanoaxial Subluxation	Hearing Aides	Shunt
Catheter	Heart Condition	Tracheotomy
Diabetes	Hepatitis Carrier	Other:_____

V. Disabling Condition

To assist in ensuring proper staffing and safety, please identify the participants disabling condition. Circle all that apply to the participant and/or write in any disabling conditions or special instructions below.

Arthritis	Autism	Learning Disability	
Downs Syndrome	Attention Deficit Disorder	Spina Bifida	
Severe MR/DD	Severe Behavior Disorder	Spinal Cord Injury	
Moderate MR/DD	Mild MR/DD	Mental Illness	
Vision Impaired	Hearing Impaired	Head Injury	
Multiple Sclerosis	Cerebral Palsy	Muscular Dystrophy	Other:_____

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.)_____

Does participant walk independently? Yes_____ No_____ If no, what assistance is needed?_____

Does participant dress independently? Yes_____ No_____ If no, what assistance is needed?

_____

Does participant communicate through speech? Yes_____ No_____ If no, what type of communication is used? _____

Does participant bathroom/toilet independently? Yes_____ No_____ If no, what assistance is needed? _____

Medication Policy: Columbus Recreation and Parks Department staff shall not **administer** medication to participants in their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless the person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication and ensure directions on the container are followed, (2) Assist participant by taking the medication from the locked storage area and hand it to the participant, and (3) Assist participant with a physical disability in removing the medication, assist in consumption, upon request by or with the consent of the participant(s) parent/guardian.

Please identify type, dosage, and time all medication participant is <u>currently</u> taking.

Medication: Name	Dosage	Frequency
1._____	_____	_____
2._____	_____	_____

V. Participant/Parent/Guardian Release

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, and agents, employees and volunteers for any and all claims from injuries, damage, or loss which I have or which may occur to me on account of my son/daughter's participation in program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form. Before registration in this program is valid, this release form must be signed by the participant's parent/guardian.

Signature of Parent/Guardian_____ Date_____

VI. Confidentiality Release

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of Columbus Recreation and Parks program.

Signature of Parent/Guardian_____ Date_____